Post-Event Summary Report

Name of Event:
Imagine, Identify and Implement: Planning for the Long Term Care of our Elders and the Support of Their Caregivers

Date of Event:
June 30, 2005

Location of Event:
The Rocky Hill Marriott, 100 Capitol Boulevard, Rocky Hill, CT 06067

Number of Persons Attending:
170

Sponsoring Organization(s):
The North Central Area Agency on Aging
Together with:

- Connecticut VNA/Masonicare
- Pfizer
- The Connecticut Commission on Aging, and the
- State of CT Aging Services Division

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Our event on June 30, 2005 was designed to attract and include a cross section of stakeholders in elderly services including consumers of service, volunteers, and elder network professionals. We were fortunate that our event additionally attracted a host of municipal and state legislators as well as the heads of governmental and quasi-public entities, not-for-profit and for-profit agencies as our sponsors, speakers and panelists. Based on exit surveys, our attendees were pleased with the opportunity to come together to share ideas and exchange information. Some of the overarching themes that were common to all of the priorities listed below were 1.) The importance of increasing the connectivity between older adults, the Baby-Boomers, and our younger generations. The lack of interconnectedness and understanding of shared and individual needs across the lifespan was identified as an unmistakable threat to the future of an effective aging policy. As long as the demographics stand divided, there can be no hope for progress on issues of funding, education, and long term care. 2.) The necessity to become, or continue

to be involved in the legislative process. We received significant feedback from participants stating that they were so pleased to have been "heard". Participants reported that this opportunity to inter-face with their elected officials had been profitable and refreshing. Many respondents spoke of renewed faith in "the process".

Priority #1 Community Based Services and Elderly Housing

This topic area was combined on our panel and addressed by the Director of Connecticut's State Unit on Aging; the Bureau of Aging, Social Work and Community Services. The topic was combined in this way in support of the notion that Community Based Services by definition assumes that individuals have the ability to remain in a setting of their choosing with the appropriate resources and opportunities for quality of life and personal freedoms. We found that, especially in the arena of senior housing, this pre-supposition was simply inaccurate.

Barriers:

- Availability of affordable services for those not eligible for any state subsidized program. Home care providers, overburdened by the disparity between their private pay rates and the low state reimbursement levels, often seek to recoup their "losses" by charging significantly higher rates from their private pay clients. Studies have shown that approximately half of all caregivers provide care with no outside assistance of any kind.[1] Cost is likely the reason for this.
- Flexibility in existing programs. The burgeoning lack of home care workers such as home health aides and nurses makes freedom of choice a moot point. Cases are covered to the degree possible with existing providers.
- Adequate funding for home care providers. A common example in CT is the blight faced by Adult Day Care Centers which have been experiencing significant attrition over the past few years. Adult Day Care, one of the most beneficial services to the Alzheimer's patient specifically, has a reimbursement rate at and/or below actual operating expense and this does not include the transportation that is provided as a service for family caregivers; for free.
- The constant competitive, non-collaborative relationship between the institutional and community based services organizations. Both camps are feeling the pinch of low reimbursement; no one is winning and the consumers are left with few palatable options.
- Municipal budgets (which greatly impact senior centers) are bearing the brunt of our local economic shortfall.
- Lack of affordable housing for middle-income seniors. Older adults are less able to age in the setting of their choice when faced with the inability to keep up with the costs of daily living in 2005.

Solutions:

While we understand that there is no "quick fix" participants were clear that any solution will require a combined public-private partnership.

- Expand Medicaid waiver programs to include a wider array of services, with sufficient reimbursement rates.

- The fear is that by the time we need the infrastructure to support our community based services goals, the providers will have closed their doors due to insufficient funds.
- Re-examine reimbursements and reward skilled nursing facilities that are outperforming their peers.
- Encourage that Adult Day Care Centers be aligned with like-minded organizations such as hospitals to provide additional funding and security.
- Municipal and statewide review of tax codes. Seeking more embedded relief for elderly tax payers. Concern: once they are outpriced from their homes, there is a distinct lack of affordable housing to make up the difference. It is unacceptable to allow this lose/lose scenario to become the norm.

Priority #2 Health Promotion

Attendees were very impressed with our speaker on this topic, the head of Geriatric Medicine at the Hospital of St. Raphael in New Haven, CT and were very encouraged by his endorsement of preventive care and attention to the needs of caregivers. However, the barriers to the type of medicine he was describing became quite clear and the participants identified them accordingly.

Barriers:

- Currently there are decided gaps in health insurance coverage. Most significantly, dental services and coverage for hearing aids are excluded from coverage under Medicare.
- Mental health coverage under Medicare is far inferior to coverage for physical health concerns. Add to this that caregivers use prescription drugs for depression, anxiety and insomnia at rates two to three times as often as the rest of the population.[2] This of course begs the question: how many more older adults and/or their caregivers suffer from mental issues but have not yet been diagnosed or sought treatment because of existing coverage patterns?
- The costs of prescription medications continue to rise. No foreseeable opportunity for negotiation to reduce out of pocket drug costs.
- Great uncertainty/apprehension exists surrounding the actual benefit to be realized from the Medicare Part D program. Ultimate cost still unknown and coverage gaps appear inherent at this time.
- Reduced access to affordable health care, prevention not-withstanding. The cost for even the most basic Medicare Supplemental Plan has been placed at close to $200 per month.

Solutions:

- Increased education to the provider community to provide more emphasis on wellness and less on disease treatment.
- Programs linking overall health and wellness scores to insurance premiums.
- Broaden preventive services under Medicare. (Return routine podiatry care to array of services reimbursed by Medicare.)
- Increase funding for health screenings to increase pro-active nature of medical care.

- Mandate curricula containing age-related/geriatric topics for medical schools and Physician's Assistants programs. This focus on geriatric education should also include an emphasis on cultural sensitivity and competency.
- Incorporate the health needs of family caregivers into the medical community dialogue.
- Additional funding from federal and state programs for respite care for family caregivers.

Priority #3 Transportation

Continues to be one of the most significant gaps in services; cutting across cultures, personal wealth, and age cohort. As one of our focus group attendees said "Without transportation, you've got nothing."

Barriers:

- Traditional model for Dial-a-Ride labors under the public perception of being very inflexible. This complaint arises from the fact that pick-up and drop-off times are often within hours of the actual appointment in order to ensure that all riders get to their destinations on time.
- The traditional model for Dial-A-Ride also labors under the public's perception of being very limited and *limiting*. There are very few options for people who are **not** 1.) Physically independent ie; able to travel by van or by bus or 2.) Seeking transportation to medical appointments. Transportation for purposes of socialization, education, or other non-medical needs is not available to the vast majority of older adults and arguably no less important.
- Driver liability in volunteer arrangements. This has a direct causal relationship to the limited nature of the current transportation system.
- Many existing transportation systems will only provide rides to clients within their *own city limits*. Most older adults see physicians in hospital-based systems that are not located in their town. No transportation options exist for these folks and therefore this constitutes a barrier toward health promotion as well as to transportation services .

Solutions:

- Self-funded programs, continued commitment to seeking alternatives.
- CT legislature just passed legislation authorizing demonstration grants to communities interested in piloting local transportation projects. More needs to be done to ensure that transportation remains a legislative priority (both at the state and federal levels) and not simply relegated to the collection of issues that are important but "just too hard".
- Volunteers require adequate and understandable protection from personal liability when participating in transportation programs.
- Encourage voluntarism, particularly amongst recent retirees. Recruit volunteers, assuming broad review of liability (see above), and establish on-demand transportation programs.

Priority #4 Long Term Care Planning

This panel topic dealt with the topic of long term care insurance and planning for the future. This topic was identified as a "hot topic" by most registrants of the conference; however, it yielded the fewest comments in terms of solutions and dialogue. This outcome is not surprising. Our experience with this topic, in our outreach and educational efforts, is that it is off-putting and somewhat frightening for Baby Boomers to look at the realities of a life so unlike their current status. Institutionalization is not what people envision as the ideal plan for old age and many harbor the disillusionment that Medicare will pay for long term care. Others accept that Medicaid will be ultimately invoked and just hope not to be financial a burden on their children. Of the comments received relative to this topic the theme was unmistakable: start early.

Barriers:

- The fixed income conundrum. We're asking people to save for a rainy day when they perceive that rainy day to be today. Income stability and "making ends meet" is a significant challenge for folks across the personal wealth spectrum.
- Many priorities are competing for the dollar: rising health care costs, increasing property taxes, increasing costs of necessities such as fuel and electricity.

Solutions:

- Intergenerational programming and education. Today's younger generations need to understand, perhaps through indoctrination, that the needs of today's seniors will directly shape their own futures. Baby Boomers can play a vital role as mentors, counselors and teachers.
- This education should therefore influence the personal saving and financial planning behaviors of today's youth so that their own financial stability will far surpass that of today's elderly.

Footnotes:

[1] American Association of Retired Persons (AARP) and The Travelers Foundation (1988). *A National Study of Caregivers: Final Report. AARP*, Washington, DC

[2] George, L.K., and Gwyther, L.P. (1986). *Caregiver Well-Being: A Multidimensional Examination of Family Caregivers of Demented Adults*. The Gerontologist, 26(2), 253-260.